

The Riverside Group Limited

# Baycroft Grays Farm Road

## Inspection report

Grays Farm Road  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Baycroft Grays Farm Road is a care home providing personal and nursing care for up to 75 people. There were 34 people receiving support at the time of our inspection. The home accommodates people across three floors. Only two of the floors were being used at the time of the inspection. One of the floors specialises in providing care for people living with dementia.

People's experience of using this service and what we found

The home had safeguarding and whistle blowing procedures in place and managers and staff had a clear understanding of these procedures. There were enough staff available to meet people's needs. Robust recruitment checks took place before staff started work. Staff followed government guidance in relation to infection prevention and control. The provider had systems for monitoring, investigating, and learning from incidents and accidents. People's medicines were managed safely.

People's needs were assessed when they moved into the home. Risks to people had been assessed to ensure their needs were safely met. Staff had completed an induction, they received training relevant to the people they supported needs and they had regular supervision. People told us they enjoyed the food provided and they had access to health care professionals when they needed them. The design of the premises was meeting people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had been consulted about their nursing and care needs. There was a range of facilities and activities to support people's need for social interaction and stimulation. Staff understood and responded to people's diverse needs. The home had a complaints procedure in place and people and their relatives said they were confident their complaints would be listened to. People had access to end-of-life care and support when it was required.

The manager and staff worked in partnership with health and social care providers to deliver an effective service. The provider took people and their relatives views into account through surveys and residents and relative's meetings. There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff told us they enjoyed working at the home and they received good support from the manager.

Rating at last inspection.

This service was registered with us on 31 March 2023, and this is the first inspection. The last rating for the service under the previous provider was requires improvement, published on 11 September 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

## Recommendations

We have made a recommendation about the management of some medicines.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Baycroft Grays Farm Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by 3 inspectors, 1 of which was a medicines inspector. The team also included an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Baycroft Grays Farm Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us Baycroft Grays Farm Road is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The current manager had applied to CQC to become the registered manager for the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and two relatives about their experience of the care provided. We spoke with 5 care staff, the chef, an activities coordinator, the maintenance man, the deputy manager, the clinical lead, a nurse, the home manager, the regional manager, and the providers strategic head of operations. We reviewed a range of records. This included 9 people's care records and medication records. We looked at staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks and audits and policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

### Using medicines safely

- The service had systems and processes in place to safely store, administer and record medicines use.
- People received their medicines as prescribed. Medicines were administered at set times of the day using an electronic system which supported staff to follow the prescriber's instructions. A person using the service told us, "The nurse brings me my medicine when I need it. There have never been any problems with my medicines." Another person said, "The nurses come round with the trolley. If I had a headache, they would bring me some painkillers."
- Medicines trolleys and controlled drugs were kept in locked medical rooms on each floor. We saw records of daily checks of controlled drugs balances.
- Medicines care plans and risk assessments were detailed in most cases. There was information to support staff to care for people in a way that met their individual needs.
- When required medicines protocols contained information to support staff to understand when people may need PRN medicines and what side effects they should look for.
- Staff had received training and competency assessments and were knowledgeable about medicines management.
- Staff were not always recording why they had given people when required (PRN) medicines. This meant prescriber's may not always have all the information they needed to review a person medicines.
- Staff were not always consistent with where they recorded the application of topical medicines. This could lead to inaccurate records.

We recommend the provider ensure there is accurate recording of all when required and topical medicines.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. A person using the service told us, "I feel safe, there is always someone available and staff are always so helpful." A relative commented, "It's very safe here, it's the care. The staff are lovely people. My loved one considers this as their home and is always saying that they are so happy here."
- There were safeguarding adult's procedures in place. Staff had received training on safeguarding adults, they told us they would report any concerns about abuse to the manager. Staff also told us they would use the providers whistle blowing procedure if the observed poor care practice.
- The manager understood their responsibilities in relation to safeguarding and told us they would report any concerns to the local authority and CQC.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk for people in areas such as eating and drinking, medicines and moving and handling. Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Staff had a good understanding of people's needs in relation to risk. A staff member told us how they supported a person at risk of choking to eat safely, including the actions they would take in an emergency.
- We saw there were guidelines in place that covered oral hygiene. Care records included a monthly 'mouth health protocol'. A staff member I spoke with explained how they gave people support with oral hygiene.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.
- We saw records confirming fire equipment and the alarm system was regularly tested. Training records confirmed that staff had received training in fire safety.

### Staffing and recruitment

- Staff were deployed effectively to meet people's needs. We observed there were enough staff available to meet people's needs. Staff told us there were enough staff to meet people's care and nursing needs. A person using the service told us, "In an ideal world there could be a few less agency staff and more permanent staff. There are probably more agency staff on nights." Another person said, "I don't often have to ring for help, but staff come quickly when I call."
- The manager told us they used some regular agency staff mainly to cover night shifts. They had recently recruited 4 new care staff, a nurse, and an activity coordinator and all were due to start working at the home. They said this would reduce the need for agency staff.
- Robust recruitment procedures were in place. Recruitment records included completed application forms, employment references, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- People were protected from the risk of infection. We observed that the home was clean and hygienic throughout. A person using the service told us, "They clean our rooms every day. If you report anything wrong, they sort it straight away."
- Staff had received training on infection control, they told us they had access to plenty of personal protective equipment (PPE) for use when providing people with personal care.
- There were no restrictions on visitors to the home.

### Learning lessons when things go wrong

- The provider looked to identify and learn from incidents to improve safety. The provider's electronic system was used to monitor accidents and incidents. For example, the manager told us the times and locations of when and where people had falls were monitored. Action was taken to make sure people at risk of falls were continuously supervised by staff. The circumstances of falls were also discussed with staff to highlight the risk and reduce the likelihood of the same thing happening again. The manager told us people's safety had improved after taking this action.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Initial assessments were carried out to consider if the service could meet people's needs safely. The assessments covered aspects of people's care and support needs such as medicines, moving and handling, oral health care, and eating and drinking. The information gained from the assessment was used to draw-up care plans and risk assessments.
- People using the service, relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw that people's care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. A person using the service told us, "The staff seem to be well trained. They seem to know what they are doing."
- New staff completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records confirmed that staff had completed training the provider considered mandatory. This included training in areas such as health and safety, safeguarding adults, oral health, dementia awareness, infection control, food hygiene, moving and handling, fire safety, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Nursing staff had completed clinical training, for example on wound care, diabetes, syringe driver and stoma care. A staff member told us dementia awareness training had improved their understanding of people's needs.
- Staff told us they received regular formal supervision with their line managers. We saw records confirming staff received one to one and group supervision and support from senior staff or their line managers.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to maintain a balanced diet. Where people needed support with their dietary needs, we saw this was recorded in their care plans.
- A person told us, "The food is very good. I like sourdough bread, and they buy it especially for me. The hostess comes around mid-morning and mid-afternoon each day to ask me what I want. There is good choice." Another person said, "The food is lovely, and I certainly get enough."
- We observed how people were supported at lunch time. The atmosphere in the dining areas was calm and relaxed. Staff offered people help where it was required. People were shown different plated food options to make a choice. People had the drink of their choice: water, fruit juice or two types of squash. Staff

encouraged people on "fluid watch" to drink.

- We spoke with the chef in a modern spacious kitchen. We saw a whiteboard with information about people's preferred portion sizes, food allergies, dislikes, whether they were diabetic or needed fortified food. The chef knew this information by heart.
- The home had been awarded a Food Hygiene rating 5 in January 2022.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The home worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. We saw the contact details for external healthcare professionals such as dietitians, dentists, speech and language and occupational therapists in people's care records.
- There were arrangements in place for a GP to visit the home on a fortnightly basis or when required to review people's health needs. A person told us, "The staff are good and will ring the GP if I need something. GP is supposed to come every other Tuesday but doesn't always." Another person commented, "The GP is meant to visit every other week though often this might be cancelled." The manager told us they were working with the GP practice on making improvements to practice round.
- We saw evidence in people's care records where they had been referred to health care professionals for support. For example, we saw guidelines were in place from speech and language therapist advising staff how to support a person to eat and drink safely. Staff had also sought support from a tissue viability nurse for a person with a pressure sore. We saw completed monitoring records and photographs that confirmed the persons wound had healed.

Adapting service, design, decoration to meet people's needs

- The design of the premises was meeting people's needs. People's rooms were decorated and personalised to their needs. The home had adapted bathrooms, dining rooms, quiet areas with suitable furniture to support people with limited mobility where required.
- The top floor of the home was designed specifically for people living with dementia. People's room doors were different colours and memory boxes were used to aid orientation. There were reminiscence pictures and items around in communal areas such as an old-fashioned radio in a seating area, and a mock-up of a sweet shop at the end of one corridor. There were 2 "music walls", 1 decorated with musical instrument and the other with 1950s record covers. This floor had smaller communal rooms which staff said helped people feel more comfortable and secure.
- There was a wide range of facilities available for people or their families to use. These included a bistro, hairdressing salon, gym, cinema room, family activity room and a sensory room for people living with dementia.
- There was an easy to access garden surrounding the home was attractively planted with level paths and outdoor seating there and on the terrace.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- People were consulted and supported to make choices and decisions for themselves. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity: Supporting people to express their views and be involved in making decisions about their care

- People were supported by staff that treated them with kindness, respect, and compassion. A person told us, "The staff are lovely, very friendly and very caring." A relative commented, "I cannot fault the staff for their care. When my loved one came back from the hospital, they said the love they felt from the staff was so lovely."
- Staff were aware of people's diverse needs and understood their differing needs, wishes, views and beliefs. A staff member told us they knew about people's life histories, and they were happy to support people with their diverse needs. Two people told us they attended church services at the home. They told us the dates of the services were always displayed on the notice board. A relative told us the activities person had taken their loved one to church.
- People's views and choices about their care were sought and documented within their care records. This included evidence that staff considered people's preferences and promoted choice. For example, what food and drink and activities people liked. A person told us, "When I came here, the staff came and had a chat with me about what I liked, my choices and all my social bits."

Respecting and promoting people's privacy, dignity and independence

- Staff protected and respected people's privacy and dignity. We observed staff supporting and speaking with people in a respectful and engaging manner. A person using the service told us, "The staff are always very respectful towards me, they always call me by my name."
- People's privacy was maintained. A person told us, "When I need help, the staff always close the doors and curtains. I say that they don't have to do that as there is no one looking, but they say they must as it's the rules." Another person said, "The staff will always knock before they come into my room. They make sure that my door and curtains are closed if I am washing and dressing." A member of staff told us they made sure people received personal care in private. They said, "I make sure the door is shut to protect the persons privacy and dignity. I always I explain what I am doing for people when I provide the care."
- Staff promoted people's independence. A person told us "Staff encourage me to be independent, but they will also tell me to slow down if they think that I am overdoing it." We observed a person using the service helping with the washing up. They said they liked to be busy and there were lots of opportunities to do this. A staff member told us this person liked to keep occupied with everyday tasks.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had choice over their day to day lives and we saw that staff respected and supported their decisions and wishes.
- Care plans described people's health care and support needs and included guidelines for staff on how to best support them. Care records included evidence that staff had considered people's preferences and promoted choice. A relative commented, "I told the staff about our loved one's likes and needs when they came here. The staff are very good, they will always call us if there are any changes or updates on our loved one's needs."
- Care records included guidelines for staff to follow to support people, for example, with moving around the home and with eating and drinking. A staff member told us how they made sure people at risk of falls were not left by themselves, they made sure people had their walking aids and they wore proper footwear.
- Staff were responsive when people's needs changed, and prompt referrals were made to external professionals when needed. For example, we saw people were referred to speech and language and physiotherapists for assessment, advice, and planning for their safe care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home offered a range of activities to support people's need for social interaction and stimulation. We met 2 people who told us, "There is quite a bit to do. There is a notice on the board telling us what is on. We had the school choir visit the other week; they were really good. We have friends visiting us and we walk around the garden." Another person commented, "I have just been to knit and natter. I couldn't knit before I came here and now I can. I managed 5 rows today." A relative commented, "My loved one loves the activities lady, they get on so well. There is always something on should she wish to do anything."
- An activities coordinator arranged activities during the week. Activities included painting, indoor golf, bowls, cinema afternoons, general knowledge, Pilates, pamper days, bingo and knit and natter. The manager told us another activities coordinator was due to start working at the home shortly.
- People were supported to maintain relationships that were important to them. Friends and relatives were able to visit people when they wished. A person told us, "You can book a table in the Bistro if you want your family over for dinner, which is nice."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and included in their care records. This ensured staff knew how best to communicate with people respectfully and effectively.
- The manager told us most people could understand the information the service provided. However, if people required information in large print, a different language, audio, or visual aids this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately.
- A relative told us, "If I had a complaint, I would go to see the manager. They say here, 'the door is always open to the manager', and it is."

End of life care and support

- The manager told us they worked with people's relatives, the GP and the local hospice to provide people with end-of-life care and support when it was required.
- Records showed that nurses and senior carers had received training on end-of-life care.
- People's care records included information about their end-of-life support preferences, where they had been happy to discuss this with staff.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider did not have a registered manager in post. The current manager started working at the home in April 2023. They had applied to CQC to become the registered manager for the service. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They demonstrated a very good knowledge of people's needs and the needs of the staffing team.
- The manager told us they were learning about the service, getting up to date with training and they were receiving ongoing support from the head of operations and regional manager.
- Staff were positive about how the service was run and the support they received from the manager. A staff member told us, "The new manager is an excellent team player, they are focussed, and they work hard. Teamwork is good, there is cheerfulness within the home, its nice environment to work in." Another staff member said, "I like working here. I like the staff and the residents, and the manager is always helpful."
- The manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always transparent and honest with family members and professionals and took responsibility when things went wrong.

Continuous learning and improving care

- The provider recognised the importance of monitoring the quality of the service. They used an electronic system for monitoring the service. Regular audits were carried out on areas such as care planning, health and safety, medicines, infection control, safeguarding, incidents and accidents and complaints.
- We saw a service improvement plan. This included evidence of actions taken to improve the service, for example improvements were made on how people's care plans were developed. An ongoing action was to work towards ensuring people were able to make their food choices at the dining table. During lunch we observed people being offered a choice of meals. We saw a report from a dining experience audit. This indicated that feedback from people using the service was positive.
- The manager told us that unannounced spot checks were carried out at the home to observe staff on duty, that observation charts had been completed correctly, that staff were engaging with people appropriately and they were supporting people in line with their care plans.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people views about the service through annual surveys and meetings. We saw an action plan from a recent survey. This indicated that people were happy with the service they received. As a result of the survey the manager increased the number of days the activities team worked from 5 to 7 days. This was to make sure people had access to activities throughout the whole week.
- People told us they spoke with the chef about meals. A person told us, "I suggested that we have pork pie and pickle at teatime. The only problem was that the pork pie was hot and not cold, but it was funny. I also suggested having crumpets and pancakes and they did this as well."
- We saw the minutes from regular meetings facilitated for people using the service and their relatives. Issues discussed at recent meetings included activities and a new minibus. 2 people told us they always received copies of the meetings notes so that they could read them. Another person said, "They are very good at communication here, we are kept up to date with things." A relative commented, "They have loads of open days and I receive several emails each week with updates on what's going on, they are very good."
- Regular team meetings were held with staff to discuss the running of the home and to discuss areas of good practice. Issues discussed at the most recent meeting included supervising people to prevent falls from happening, medicines records, manual handling training, and answering call bells. A staff member told us the staff meeting kept them up to date with what was happening at the home.

#### Working in partnership with others

- The home worked with health and social care professionals to ensure people received good care. For example, GP's, the integrated care board, the social services fall's team, and the local authorities commissioning and compliance teams. An officer from the local authority told us they had an ongoing service improvement plan in place with the home and the manager had been working with them to deliver improvements. The new manager had shown a drive for resident involvement.
- The manager told us they were looking forward to further developing positive working relationships with professionals and attending the local authorities run provider forums.